



## PIONEER CLUBS® Member Registration Form

www.pioneerclubs.org

Club Year \_\_\_\_\_ - \_\_\_\_\_ Club member  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email address \_\_\_\_\_

Belongs to:  
Home church \_\_\_\_\_ Doctor's name \_\_\_\_\_  
Phone \_\_\_\_\_

Allergies

\_\_\_\_\_  
\_\_\_\_\_

Special instructions or information about  
child: \_\_\_\_\_  
\_\_\_\_\_

Person(s) authorized to pick up child:

\_\_\_\_\_

Emergency contact if parent or guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I give my permission to the staff of \_\_\_\_\_ to seek medical attention for my child if necessary while participating in Pioneer Club functions. I understand that all necessary precautions will be taken for my child's safety. I will not hold the church, its staff, or those supervising liable.

Signature of Parent or Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Club Fees:

Registration fee \$10.00

Clareville Area Pioneer Club  
277 Marine Drive, Clareville NL  
A5A 1N1